



# ENIGMA

## BIPOLAR NEWS AND VIEWS



[www.bipolarotago.balance.org.nz](http://www.bipolarotago.balance.org.nz)

### JUNE JULY 2008 Inside this issue

- ❖ What the Magpie said
- ❖ Worried about your Mental Health
- ❖ Pregnancy, your mental health and the spectra of discrimination
- ❖ Giving women a hand-up
- ❖ A health and happiness pill
- ❖ Notices for June & July

This newsletter was put together by:

Editor: Mike McAlevey  
Sub editor :Teresa Mulligan  
Articles contributed by Helen Sue Graham Bishop, New Mum, Pat Sivertsen

**BIPOLAR NETWORK**  
(Otago Mental Health Support Trust)

3<sup>rd</sup> Floor,  
Queens Building,  
109 Princes Street,  
DUNEDIN.

OPEN  
Monday – Friday  
10 am – 3 pm

Ph: (03) 477-2598  
Fax: (03) 477-6749  
e-mail: [otagomd@es.co.nz](mailto:otagomd@es.co.nz)

### What the Magpie said

By Mike McAlevey

*When Tom and Elizabeth took the farm  
The bracken made their bed,  
And Quardle oodle ardle wardle doodle  
The magpies said.*



Glover's classic New Zealand poem can be seen as a comment on depression and the precariousness of human existence. In more recent times the MaGPIe study (Mental Health and General Practice Investigation) also comments on depression in New Zealand. This long term research, in collaboration with the World Health Organization, looks at the prevalence, course and outcomes for common mental disorders amongst people visiting their GP. The study tells us that more than a third of people seeing their GP have had a diagnosable psychological problem in the past 12 months, although their visits are generally not related to mental health. Given that people with mental health issues are spending so much time with their GP we might expect that their physical health might be very well looked after.

Unfortunately this appears not to be the case, especially so for people who use mental health services. People who use psychiatric services in New Zealand are dying far too young. Apart from suicide, males are dying on average 14 years earlier than their peers and females 6 years earlier. A Mental Health Commission statement in 2004 tells us that mental health service users are 5 times more likely to die of the flu, 3 times more likely to die of diabetes, 2.8 to 4 times more likely to die of respiratory illness, and 2.2 times more likely to die of heart disease. There are many reasons for this tragic loss of life, and no-one is particularly to blame. Many people with mental illness smoke, for some this is a legacy of state-sponsored tobacco use in the big institutions. Discrimination is clearly a factor. Blood pressure, cholesterol, urine and weight checks are not offered at the same rate (as to other patients) to people with mental illness. Iatrogenic illness is another danger. Obesity, with the attendant risks of diabetes, high blood pressure and heart disease, Tardive dyskinesia and dental decay are the almost inevitable consequences of taking some medications.

Physical care of people in psychiatric hospitals can be poor and communication between psychiatrist and GP is often non-existent. GP's have the advantages of continuity of care, trust of their patients, and broad medical expertise. They are in the best position to keep people healthy in the broad sense. If you know a GP who does not judge and discriminate, who is willing to actively communicate with your psychiatrist, and who regularly and sincerely reviews and questions the pros and cons of your psychiatric treatment...support them, promote them, praise them. *Quardle oodle ardle wardle doodle!(old magpie proverb!!)*

Google 'MaGPIe study' for more information

WORRIED ABOUT YOUR MENTAL HEALTH?

(Article by T.Mulligan adapted from various material in our library)

Seeking support early on when experiencing distress gives you the potential to decrease the symptoms.

Talking to family, friends or people you trust and finding out about your mental health problem, treatments and rights can all result in you taking back the control in your life more quickly. Most people with mental health problems get their treatment and support from primary health services (i.e. GP's, Practice Nurses, counsellors, psychotherapists, and community support groups). People with more serious or more complex mental health problems are often referred by their GP to specialist mental health services.

Visiting a GP is a good way of starting this process. It is advisable to start with a GP that you have been to before as they have your medical history and this will help them understand your situation better.

If your GP is unavailable you may want to see another GP who works in your practice. If you don't have a regular GP or clinic you can find a GP in your area who has had training in mental health by contacting your local mental health information service such as Bipolar Network.

Getting the most out of your first appointment is important .

The following tips may help you get help:

1. Make a long appointment so that you and your GP don't feel rushed.
2. Take along your completed checklist to remind you what symptoms are concerning you
3. Ask a friend or family member to go with you if you think it will make the experience more comfortable

**ONE DAY SEMINAR ON BIPOLAR DISORDER**  
**SEE INSERT FOR MORE DETAILS**

**DATE CHANGE**

**Evening bipolar discussion groups**

**'Getting the most out of your GP'** speaker yet to be confirmed

**Thursday 28<sup>th</sup> JUNE 2008**

5.30pm to 7pm

At Bipolar Network Office, 3<sup>rd</sup> Floor 109 Princes Street, Dunedin.

**RSVP to 4772598.**

**AUGUST 31<sup>st</sup> Stigma and discrimination.**

**OCTOBER 7<sup>th</sup> Nutrition, exercise and mental health.**

All are welcome to these discussions starting at 5.30pm at our rooms.

**NEW TO OUR LIBRARY  
HIGHLY RECOMMENDED**

**(Article by T.Mulligan)**

We have two new additions to the library:

**The Naked Bird watcher, by Suzy Johnston.**

Since Ms Johnston's primary goal was to help others gain insight into mental illness and combat stigma, and at the same time help those who might have felt alone and unique in their distress, for that very good reason alone this book is worth its weight in gold (review by Murial Gray, writer and broadcaster).

The second book is **To Walk on Eggshells, by Jean Johnston (Suzy's mum).**

Straightforward and upfront. Jean Johnston was by her own admission 'something of a psychiatric virgin' when her daughter developed bipolar disorder. She gives a revealing insight into her role as a carer and how she felt. The pair embarked on the remarkable and extraordinary journey that would lead to recovery. (review from book cover)

**DISCLAIMER**

The opinions and articles expressed in this newsletter do not necessarily represent the views of the Otago Mental Health Support Trust or anyone associated with the organisation.

## Pregnancy, Your Mental Health and the spectra of Discrimination

So you are pregnant, congratulations!

Whether you are well and medication free, or currently experiencing mental illness and medication, or some combination of these, you can be sure that your mental health history will come up in your prenatal care. In an ideal world you will discuss with your Lead Maternity Carer (a Midwife, GP or Obstetric specialist depending on you situation) all the issues and questions that relate to your mental health that may affect your experience of pregnancy and birth. You would talk about the effects of any medication you were taking, your likelihood of experiencing postnatal depression or psychosis, any apprehensions you have about being pregnant, your support networks for pregnancy and after the baby is born. And then hopefully you will make a plan with your LMC which will suit your needs. For some this will mean no further action required- except to discuss any concerns as they come up and for some women a referral to additional psychiatric services will be appropriate. This would be an appropriately sensitive process where you would be listened to and acknowledged as the expert on your wellness, and any plans would reflect what you felt was in your and your baby's best interests.

In my situation as a well woman on no medication I discussed my history with my midwife who agreed that no action except self monitoring was needed. Unfortunately I was referred to an Obstetrician to discuss a medical pregnancy complication but he was determined to focus on my mental health history. After repeatedly declining a psychiatric assessment on the grounds that I was well, symptom free and that my midwife and I had agreed on a course of action, I eventually consented to an assessment just to get out of the conversation and the office! As I didn't really need an assessment I wasn't surprised when I never received an appointment before I had my baby! Due to medical complications I had my baby by emergency caesarean prematurely and he had to be monitored in the intensive care unit for a week. The Obstetrician took this opportunity to arrange without my consent for the Psychiatric registrar to visit me on the postnatal ward. As I had no symptoms except for being very angry indeed, the registrar was happy for me to refuse to see him. I felt that having to deal with the added stress of unwanted mental health questions when my baby was in intensive care was unacceptable. I complained in writing to the hospital, and then appealed their decision when they decided that it was perfectly acceptable for an Obstetrician to bully a former service user without symptoms into a psychiatric assessment. I looked at taking my complaint further but decided that I needed to focus on my life and my baby. **My biggest regrets?** I didn't take anyone with me to the Obstetrician appointment, and I had to spend time fighting discrimination when I could have been enjoying my baby. So what do you need to know to reduce the likelihood of being discriminated against?

Find a great LMC who sees you as a person, not an illness, and be totally honest and upfront with them, and they should do the same with you.

Take your LMC and partner/support person to all outpatient Obstetrician appointments to help keep the focus on why you were referred.

Do not consent to anything you do not want to happen, enlist your LMC, partner/support person to advocate for you.

Be open about your fears (about the impact of unwellness on pregnancy and post natal period)) but only with people you trust not to blow it out of proportion.

Enlist the help of those on your support team (if you have one) e.g. PDN, psychotherapist, social worker, support worker.

Enlist the help of an advocacy or peer support service. When things go well remember to thank the people concerned so they know the positive impact their non-discriminatory actions and attitude has had on your experience.

If you feel you were discriminated against- **COMPLAIN**- as loudly and for as long as is practical for you situation.

### Written by 'New Mum'

#### Intentional Peer Support .....is a way of

thinking about purposeful relationships. It is a process where both people (or a group of people) use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and to support and challenge each other as we try new things.

- IPS is different from traditional service relationships because it doesn't start with the assumption of "a problem." Instead people are taught to listen for how and why each of us has learned to make sense of our experiences, and then use the relationship to create new ways of seeing, thinking, and doing.
- IPS promotes a 'trauma-informed' way of relating- instead of asking 'what's wrong' we ask 'what happened'?
- IPS looks beyond the notion of individuals needing to change and examines our lives in the context of our relationships and communities.
- Peer Support relationships are viewed as partnerships that enable both parties to learn and grow- rather than as one person needing to 'help' another.
- Instead of a focus on what we need to stop or avoid doing, we are encouraged to move towards what and where we want to be.

At the end of the day, it's really about building stronger, healthy communities

Taken from a flyer advertising training in Wellington with facilitators Sherry Mead and Chris Hansen. If you would like information about training opportunities email admin@scnt.org.nz (Southern Community Network Trust)

Would you like *ENIGMA* by email? Let us know. You would get it faster and we would save on postage

Giving women a hand-up  
Submitted by Pat Sivertsen  
NEW HORIZONS FOR WOMEN TRUST (INC.)

The Trust makes awards, to the value of \$2,500 or more. These are to assist women returning to education or training who did not obtain a tertiary qualification when younger. Formed in 1992, the foremost objectives for the Trust are to provide grants that enable women to develop their potential through education and training. The Trust also makes awards for research into women's issues, runs the Sonia Davies Peace Prize and the Ria McBride Management Award.

Applicants must be women who

- are aged 27 years or over (on the date at which applications close)
- have not previously obtained a qualification at NZQA Level 4 (or the equivalent)
- are studying in New Zealand for an NZQA-approved qualification.

Forms for this year's funding can be obtained from enquiries@newhorizonsforwomen.org.nz and should be returned by May 31. References are required with the preference for one personal and one academic. Evidence is required of being accepted into an NZQA-accredited educational or training course eg copy of fees payment or letter of acceptance.

The Trust has made grants of nearly \$500,000 in the 15 years of its life and looks forward to having more money available for awards as it grows older and more widely known.



#### DUNEDIN YWCA ANGEL FUND

The Angel Fund will make small interest free loans to women who live in Dunedin city for

- ❖ small business start-up
- ❖ further education/training
- ❖ pre-commercial business proposals
- ❖ transition to work or business

We try to provide a friendly supportive service  
improve access to credit for women  
gather a pool of money to serve women's individual and collective purposes.

Repayments are no less than \$10 per week.

You must show proof of ability to repay.

You must have an interview with the coordinator.

Business applications require a business plan.

Loans are recommended by the coordinator and approved by the Allocation Committee.

For more information:-

The Angel Fund  
Dunedin YWCA  
P.O. Box 5146  
Dunedin  
Phone 453 6751  
Email [angelfund@imail.net.nz](mailto:angelfund@imail.net.nz)

Coordinator: Suzanne Menzies-Culling



#### QUIZ NIGHT SUCCESS.

The PACT group Quiz night held in May with a Kiwiana theme was profitable for Team ENIGMA. Thanks for the bottle of wine and gift vouchers received for getting 1<sup>st</sup> out of 17 teams. Team Enigma also got a respectable 3<sup>rd</sup> placing in March for the Tapestry Club House quiz night fund raiser.



#### MENSLINE - 0800 636 754

The Mental Health Foundation has recently announced this new telephone counselling service run *by men for men*. It is free to call from anywhere in New Zealand.

Services include:-

**Call Back Counselling** - callers to Mensline will have the option of receiving a phone call from a counsellor at an agreed time.

**Call Again Counselling** - enables callers to call again at a future date and to speak to the same counsellor they have previously spoken to.

Many thanks to these people for their support:



AAW Jones Charitable Trust, ACE Shacklock Charitable Trust, Balance, Dempsey Trust, The HealthCare Otago Charitable Trust, John Hott Trust, Colortronics

